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An
Inaugural Dissertation

on
Chronic Dysentery
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In warm climates there is no disease more distressing and troublesome to the patient, or more difficult in the management than acute Dysentery. It runs through its course with such rapidity that it can only be arrested by the most prompt and vigorous remedies. When badly managed it not unfrequently passes into Chronic Dysentery. It is this form of Dysentery which constitutes the subject of the present essay. Chronic Dysentery is never idiopathic; it is invariably the sequel of Acute Dysentery. What denotes its presence? When fever and immediate danger are absent, and active depletion is no longer demanded, we may conclude the case is chronic. The stools consist of more or less loose faeces mixed with mucus and serum or blood, or the three together. Tormina and Tenesmus attend each evacuation. Indeed constant pain may exist.

Previous to giving the pathology of chronic Dysentery, it will be proper to refer to appearances on dissection. The Colon and Rectum are the chief sufferers, and are inflamed, ulcerated, or mortified. Oftener than other

-wise, according to Bleghorn, the lower part of the small intestines was inflamed. The liver, in most dissections that came under the care of Moser within the tropics, was affected, and had been found "in every stage of inflammation from a blush on the peritoneal coat up to gangrene". While OBrien a prac-titioner in Ireland declares that he generally found it perfectly sound. Scybala, Moser rarely met with. On their existence Dr. Cullen founds his pathology. Says he "har-dened faeces retained in the colon are the cause of the gri-ping" &c. that "the proximate cause consists in a preternatural constriction of the colon, occasioning at the same time those spasmodic efforts which are felt in severe gripings, and which efforts propagated downwards to the rectum occasion the fre-quent mucous stools and tenesmus" He also adds, the secretions are so small that they "may be supposed to proceed from the lower parts of the rectum only". As Dysentery does often exist without the formation of scybala, if we can credit the decla-ration of Moser, Dr. Cullen's pathology, without the necessity of any other evidence on our part, at once falls. Moser ac-counts for Scybala not by constriction or spasm, but thus

"the coats of the intestine thickening from previous inflammation, the calibre of its passage was diminished; but as the tendinous & ligamentous bands of the colon did not yield so readily to the inflammatory action, the tube became irregularly lessened & pursed up, and the ingesta in some instances were pent within and assumed a rounded form". Leaving it to the reader to discover the beauty of this explanation, we proceed to assert the belief that dysentery consists in nothing more or less than inflammation of the mucous membrane of the large intestines; the deteriorated secretions and spasmodic action of the muscular coat being induced thereby; Furthermore that the secretions are by no means confined to the rectum, but that they may come from the whole or any part of the large intestines. The practice in Chronic dysentery, before it was aided by the light which emanates from a correct pathology, can receive no milder appellation than empirical. The great cause of the diversity of treatment, at this time, among practitioners is perhaps the difference of their views in regard to the modus Operandi of med

-icines. It would be an unprofitable task, indeed, to enumer-ate the various methods of governing this disease. We can only propose the one we deem most appropriate.

In the treatment of chronic dysentery, what are the in-dications to be answered? 1st To subdue inflammation of the mucous membrane. 2nd To relieve tormina and tenesmus, when required. 3d To guard against constipation 4th To improve the general health.

1st To subdue inflammation of the mucous membrane. To at-tain this end, the antiphlogistic regimen must be strictly enforced. Moser goes so far as to say that "while the ex-cements continue tinged with blood, the lancet should not be sheathed". If there is pain and soreness in the abdo-men, and the pulse hard, we may certainly resort to ven-esection, and repeat it, if thought necessary. If, however, general bleeding is inadmissible, we may substitute cups and leeches, to be applied over the abdomen. The diet is to be of the simplest kind, such as the slippery elm, Barley water, flaxseed tea &c. Absolute rest is all important. This treatment, I am informed by Dr. Nott, resident-

Physician and Surgeon of the Alms-house, proves very effec-tual - Would rub the blue pill, by its power of equalizing the circulation and restoring impaired or suppressed secre-tions, prove a valuable auxiliary to the above simple remedies by giving greater stability to the cure. In con-junction with the slippery elm, it was of great benefit to Dr. Mitchel in some very bad cases - and speedily accomplished a cure in all - one, to use his own lan-guage, that "withstood the subsequent use of strong food and much exposure to the weather." So high an encomi-um upon its utility coming from such authority sure-ly warrants us in giving it a fair trial. He prescri-bed it in from 3 to 5 gr. doses once in the 24 or 48 hours. In this as in every other disease, the habits of the patient must be taken into consideration. If he has been accustomed to a liberal use of ardent spirits or of any stimuli whatever, they should not be suddenly withdrawn, because there is danger of his falling into a typhoid condition. By acting in conformity with the remedial measures already proposed, we greatly dimin

-ish the morbid secretions, in a majority of instances, in as much as they are dependent on an inflamed mucous surface. But if, as is often the case, their continuance is more owing to habit than any thing else, we may prescribe astringents which, in some constitutions worn down and shattered by immoder-ate and excessive indulgencies, seem to be the only means of arresting them. A mixture of sulphas Zinci et aluminis the super acetas plumbi and decoctio Simarubae are among, if not the best remedies. The mineral acids, of which the sulphuric is perhaps the best, with a decoction of cin-chona, to which may be added carminatives, will be found highly serviceable. The greatest danger to be apprehended in their employment is the constipation which they may produce. Hence we should particularly attend to the state of the bowels during their administration. If the secreting part be the rectum or Sigmoid Flexure, astringent ene-mata may be used with advantage. The question imme-diately occurs, how are we to ascertain this? We admit that it is impossible to pronounce with certainty. The consola-tion we enjoy is that so far from doing injury, they

assist- in the cure, whether or not- they fulfil the particular indication for which they were given. Owing to the acridness of the secretions, the anus is frequently inflamed or excoriated. Some mild ointment- may be spread over the injured surface; or the patient- may pass his faeces in a tub of cold or warm wa -ter; the former recommended by Dr. Robert- Jackson of the West- Indies and the latter by Bampfield. The patient- is some -times troubled with diarrhea. Here the chalk mix -ture is to be preferred.

2nd. To relieve tormina and tenesmus, when required. These are decidedly the most- distressing and unpleasant atten -dants of this complaint- To deprive pain of its acute sting as well as to procure sleep, opiates are administered. Anodyne enemata consisting of Opium and the mucilages are perhaps preferable. Opium must- not be employed more lavishly in this disease than absolute necessity dictates. An injection of from half a pint- to three gills of melted butter, without salt- and per -fectly sweet-, constitutes one of the best- remedies to allay suf -fering and quiet- irritation. When the agony of the patient- is almost- insupportable, fomentations to the abdomen, or a

semicupium will probably afford relief.

3d. To guard against constipation — which sometimes exists when from the number of his stools, which consist of little or nothing more than the morbid secretions, the patient is inclined to think he is laboring under a diarrhea. When the tongue is furred, and there are symptoms of disordered digestion, as manifested by flatulence, irritability &c; we may suspect constipation. To open the bowels, some mild laxative may be given, as castor oil or the neutral salts. We might recommend pulvis Rhei and in so doing would be supported by authority, but to its use Cullen strongly objects. Says he "Rhubarb so frequently employed is in several respects a -mongst the most improper purgatives". Whether this denunci -ation of it is based upon facts or proceeds from theoretical prejudices, we do not attempt to decide.

4th. To improve the general health. To answer best this end, we must pay particular attention to the digestive functions as well as the functions of the skin. After inflammation has been over -come, the strength of the diet may be increased and must be accommodated to the advances of the patient in recovery, commencing with beef tea, calve's feet jelly and gradually go

-ing on to stronger and more nutritious articles. The practitioner we apprehend, will find little difficulty on this head and therefore minute directions may here be very well dispensed with. As the patient has generally a good appetite in Chronic dysentery, it is in restricting him to low diet that the greatest obstacle will be encountered; for he will often in direct opposition to our strictest injunctions gratify his palate with the most stimulating and injurious substances. Hence one of the chief causes of relapse. Heating drinks, immoderate exercise, exposure to cold & unpleasant weather tend to the same end. Horseback exercise is recommended, but we should think it would be best to commence with a carriage, as the exercise is milder. To restore the functions of the skin as well as to divert action from the intestines, the warm bath must be taken three or four times a week, and followed by the flesh brush each time.

The essential service derived from the flannel roller around the abdomen is beyond all doubt. Its operation is that of a revulsive and supporter of the bowels. It is advised by some to clothe the patient in woollen from head to foot. At all events he must be kept warm. Such is the treatment we would propose in chronic

dysentery as it usually occurs, but it is frequently prolonged by causes which we have yet mentioned. What are these causes?

1st. Excoriation or ulceration of the mucous coat. 2nd. Abscess in the liver, omentum or mesentery &c. 3rd. Enlarged mesenteric glands.

1st. Excoriation or ulceration of the mucous coat. The evacuation of pus is one of the best tests of this state of the intestine. It is necessary to the restoration of lost parts. It is probable that the faeces meet with greater resistance in this than in any other form of chronic dysentery, owing to the exquisite pain which they give in passing over an abraded surface - hence we should guard against their accumulation. The pain during the discharge is chiefly in the direction of the transverse colon and sigmoid flexure, as might be supposed from their relative situation. Pus may accumulate in the liver, omentum or mesentery and burst through the coats of the intestines and be discharged per anum. How, then, are we to determine whether it comes from one of these or from the intestines. If from the liver, it is likely there may have been pain in the right or left Hypochondriac region, but what is more truly indic

-ative is that it flows suddenly in great quantities and shortly ceases. If from either of the latter, there is pretty much the same diagnosis. In addition, an abscess in the omentum, mesentery or liver is preceded by rigors and accompanied by Hectic fever. Whenever there is great tension in the rectum, ulceration may be expected. What is the most appropriate treatment? Our great reliance must be placed upon astringents. By Dr. Robert Jackson, burnt alum and gum arabic (15 grs ea made into pills - 5 or 6 grs. in each as a dose every hour) are recommended. We know of no astringent better than sul-phate of zinc. The bowels are to be kept open and Dr. Jackson is partial to tincture of Myrrh and aloes as a purge. To cor-rect the fetor of the stools, charcoal may be given per os anumque. If the suppurating surface be within reach of astringent enemata, we may avail ourselves of their aid. To determine this, there is no safe and unerring criterion. But we have reason to believe that the sigmoid flexure from its position is almost invariably involved in the suppurating process. The diet is to be unoffending, such as the mucilage of Gum Arabic &c. The warm bath may be used &c.

2nd An abscess in the liver omentum or mesentery. In such

a state of things, the condition of our patient is deplorable, and upon death we may calculate. Here there is great prostration of strength, hectic fever, and not the slightest susceptibility to the action of mercury. All we can do is to palliate the attendant hectic, to accomplish which opium is our grand resource. The patient goes off with cold sweats, colliquative diarrhea &c. When we discover the liver to be diseased, it will perhaps be best to institute an alterative course of mercury, and to obtain all the advantages of a perpetual blister over the Hypochondrium.

3ly. Enlarged mesenteric glands. We are to rub mercurial ointment over them so as to produce absorption of the swollen parts.

If dysentery be complicated with intermittent fever, the latter should be neglected, til the former is cured.

Before concluding, it will be correct to notice the prognosis. If the morbid secretions are lessening, the faeces resuming their natural consistence, the digestive functions regaining their vigor, and the usual warmth and moisture of the skin returning, we may anticipate a happy issue; but-

if the reverse exists, attended by oedema of the extremities and face, the case wears a fatal aspect.